

Montana
Department of Labor & Industry
Employment Relations Division
Contractor Registration Unit
PO Box 8011
Helena MT 59604-8011
(406) 444-7734

CONSTRUCTION CONTRACTOR'S REGISTRATION APPLICATION

This is a two-year registration.

INSTRUCTIONS: Send completed form along with the \$53 application fee to the address listed above. Montana law requires contractors with employees (includes corporations) in the construction industry to register. For information or assistance with this application, please call (406) 444-7734 or visit our website at <http://erd.dli.state.mt.us/WorkCompRegs/WCRccreg.htm>

- ✖ Workers' compensation insurance policies must be specific to Montana. This means Montana must be stated on Section 3A of your policy. Contact your insurance agent about your coverage if you have questions.
- ✖ Montana does not recognize workers' compensation insurance from other states for businesses in the construction industry.
- ✖ When applying for your Construction Contractor Registration, the Independent Contractor exemption is required if you are **NOT** covered under a workers' compensation policy and are a sole proprietor, partner, limited liability partnership or a member of a member-managed limited liability company.
- ✖ If the Independent Contractor exemption is required you should submit the exemption form with your Contractor Registration application. The Independent Contractor application is a fee of \$125.
- ✖ Out-of-state contractors not currently working in Montana, may request a "Bid Only" status. Please circle or highlight this section. When a job is awarded in Montana you must purchase a Montana work comp policy.

APPLICANT INFORMATION

Business Name		Registration Number (if first time applying, leave blank)	
Mailing Address		FEIN (Federal Employer Id Number) /SSN	
City	State	Zip Code	Phone ()

Do you have employees? Yes No

If you have employees or will have employees, provide each of the following:

Name of workers' compensation insurance company: _____

Policy number: _____ Effective Date: _____

Do you use leased employees? Yes No

If yes, please list: _____

_____		Company Name
_____		()
Mailing Address	City/State/Zip Code	Phone

(OVER)

What is your business structure:

SOLE PROPRIETOR
PARTNERSHIP
MEMBER-MANAGED LIMITED LIABILITY COMPANY
LIMITED LIABILITY PARTNERSHIP (LLP)
MANAGER-MANAGED LIMITED LIABILITY COMPANY (LLC)
CORPORATION

Please list all owners, partners, members, managers or officers and their title below and indicate whether this person is insured under a Montana workers' compensation policy. Sole proprietors, partners and members are required to have the Independent Contractor exemption if they are not insured under a Montana workers' compensation policy.

Name and Title	Mailing Address	City/State/Zip Code	Social Security Number	Percent Owned	Work Comp Yes/No
1.					
2.					
3.					
4.					

Signature of applicant _____
Print Name of applicant _____

Construction Contractor Registration does not supersede requirements of other government agencies or entities. For example, plumbers and electricians must license with the Business and Occupational Licensing Bureau. Their phone number is (406) 841-2300 for more information.

- ✖ Also, some local governments may require local licenses. Check with your city and/or county.
- ✖ Businesses that are a limited liability company, a limited liability partnership or a corporation are required to register with the Secretary of State. Their phone number is (406) 444-3665 for more information.

BEFORE MAILING THIS APPLICATION: HAVE YOU INCLUDED THE FOLLOWING?

- _____ Completed application with signature(s)
- _____ Montana Workers' Compensation Policy Number and/or
- _____ Independent Contractor Exemption Affidavit
- _____ Application fee \$53 (Make checks payable to Dept of Labor)